



Auburn Family Medical Center, Inc., P.S.

Plaza 2, 202 North Division St., Suite 405
Auburn, WA 98001-4939

Phone: 253-939-3604

Fax: 253-735-4167

www.auburnfmc.org

Patient Registration

PATIENT INFORMATION

Name

Address

City / State / Zip

Phone Alternate Phone

Date of Birth Social Security Number

Gender Marital Status
 Male Female Married Single Other

Race / Ethnicity / Primary Language

Email

PATIENT EMPLOYER

Employer Work Phone

EMERGENCY CONTACT

Name

Relationship Phone

PHARMACY INFORMATION

Local Pharmacy Name

Address / City

Phone

Mail Order Pharmacy

Phone

RESPONSIBLE PARTY Same as Patient

Name

Address

City / State / Zip

Phone Relationship to Patient

Date of Birth Social Security Number

Employer

INSURANCE

Primary Insurance Name

Subscriber Name Date of Birth

Employer Name

ID Number Group Number

Secondary Insurance Name (If Applicable)

Subscriber Name Date of Birth

Employer Name

ID Number Group Number

RELEASE OF BENEFITS AND INFORMATION

The above information is true to the best of my knowledge. I understand I am responsible for charges associated with medical services and agree to pay all balances within 30 days from the receipt of statement unless other arrangements are made. I authorize Auburn Family Medical Center to release any information to process claims. I also authorize insurance to be paid directly to the clinic.

Patient or Legal Guardian Signature Date